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CONFIRMATION NO. 1040

<b>SERIAL NUMBER</b> 09/127,364	<b>FILING OR 371(c) DATE</b> 07/31/1998 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> 193-US-CIP2
<b>APPLICANTS</b> THEODORE A. YEDNOCK, FOREST KNOLLS, CA; MICHAEL A. PLEISS, SUNNYVALE, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/112,020 07/31/1997 ABN and claims benefit of 60/054,453 08/01/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/24/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 38706				
<b>TITLE</b> ANTI-INFLAMMATORY COMPOSITIONS AND METHOD				
<b>FILING FEE RECEIVED</b> 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	